MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH Primary Registration District No. 4072 Registrar's No. 56 Registration District No. DO NOT WRITE AMENDED ON THIS STUB FILED SEP 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY VS 300 admission). AMENDED amden Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN inn (reek Yes 🔼 No 🗆 urs 0150 c. FULL NAME OF (If NOT in hospital, give location) Inside Limita (If cutside, give location) d. STREET Reside on Farm ш HOSPITAL OR **ADDRESS** INSTITUTION Yes 🗹 No 🗆 ' neek inn (reek Yes No Dr. 0150 NAME OF DECEASED Middle Last 4. DATE Dav Year (Type or print) OF DEATH Shend 1963 Parri sh August DATE OF BIRTH 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE Never Married 5. SEX 7. Married 🖸 Months Male Widowed III Divorced | *20-188*8 BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Retined Highway Employ FOLLOWS Hi ohuau Dent Treek Missouri 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME Jannie Parrish Sarah Hopkins John F. Parrish 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) I (If yes, give war or dates of s Mrs Jannie Parrish Linn (reek Mo. 뮕 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 IMMEDIATE CAUSE (a) (Cardio + Vascular-Renal Disease with RECORD ပြ Congestive Type Cardiac Failure 11 EAD years Conditions, if any, DUE TO (b) INST which gave rise to S above cause (a), stating the under-DUE TO (c) lying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal CERTIFICATION there a pregnancy in last 90 days. Bronchial Asthma with Pulmonary Emphysema **AMENDMENTS** 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 19, WAS AUTOPSY 20a. ACCIDENT PERFORMED? YES | NO DE IN WEDICAL 20c. TIME OF Month, Day, Year Hour RIBBON INJURY USE BLACK INK 201. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE 20d. INJURY OCCURRED WHILE AT WORK | NOT WHILE AT WORK | OR TYPEWRITER READ /bu 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22c. DATE SIGNED 22b. ADDRESS 22a. SIGNATURE 능 Candenton, Missouri Waydand M Thos. A. AFFIDAVIT 23d. LOCATION (City, town, or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, Š REMOVAL (Specify) Osage Beach Missouri onway (enetery Buria 25. DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR

condenton lib.

(Licensed Embelmer's Statement on Reverse Side)

Robert H. Reed

2Fb e 1883-

STATEMENT BY LICENSED EMBALMER

by		, Student Embalmer No
rking under my person	al supervision.	
dent.		signed Robert 74 Reed
	e of Student Embelmer	
	a of Student Embalmer	Licensed Embalmer No. 3745

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.